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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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7590	06/09/2006		EXAMINER	
Joseph D. Kuborn ANDRUS, SCEALES, STARKE & SAWALL Suite 1100 100 East Wisconsin Avenue Milwaukee, WI 53202			NGUYEN, HUNG T	
			ART UNIT	PAPER NUMBER
			2612	
DATE MAILED: 06/09/2006				

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No.	Applicant(s)	
	10/750,493	HASTINGS, DAVID C.	
	Examiner HUNG T. NGUYEN	Art Unit 2612	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) Responsive to communication(s) filed on 31 December 2003.
- 2a) This action is **FINAL**. 2b) This action is non-final.
- 3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) Claim(s) 1-45 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) Claim(s) _____ is/are allowed.
- 6) Claim(s) 1-45 is/are rejected.
- 7) Claim(s) _____ is/are objected to.
- 8) Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) The specification is objected to by the Examiner.
- 10) The drawing(s) filed on 31 December 2004 is/are: a) accepted or b) objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) All b) Some * c) None of:
 1. Certified copies of the priority documents have been received.
 2. Certified copies of the priority documents have been received in Application No. _____.
 3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- 1) Notice of References Cited (PTO-892)
- 2) Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)
Paper No(s)/Mail Date 12/6/04
- 4) Interview Summary (PTO-413)
Paper No(s)/Mail Date. _____
- 5) Notice of Informal Patent Application (PTO-152)
- 6) Other: _____

DETAILED ACTION

Claim Rejections - 35 USC § 102

1. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

(b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States.

2. Claims 1-3, 6-14, 21-27, 29-32, 34-37, 39 & 41-45 are rejected under 35 U.S.C. 102(b) as being anticipated by Dempsey et al. (U.S. 6,057,758).

Regarding claim 1, Dampsey discloses a medical monitoring system includes at least two portable electronic devices as first unit (Dr. Jim 100A), second unit (100B) designed to be carried by another clinician or caregiver or doctor to receive physiological notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO₂) measurement (300) are being monitored at all time and transmitted to the two portable electronic devices as first unit (Dr. Jim 100A), second unit (100B) designed to be carried by another clinician or caregiver or doctor is live physiological [figs. 1-3, col.4, lines 40-49, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8, col.15, lines 1-4 and abstract] comprising:

- the portable electronic units (100A,100B) having a processing circuit includes processor (400), transceiver (404), video (414), audio (416), display (300), speaker (312), memory (41) for receiving the notification message (302) from the patients (300A) [fig.4, col.9, lines 18-55, col.11, line 60 to col.12, line 10];
- the notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmitted to a first portable electronic device as Dr. Jim I00A designed to be carried by the clinician or caregiver is live physiological [figs. 1-3, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8];
- the notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmitted to a second portable electronic device (100B) designed to be carried by another clinician or caregiver or doctor is live physiological [figs. 1-3, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8];
- the first and second portable electronic devices (100A,100B) are different devices which designed to be carried by clinicians or caregivers or doctors is live physiological in the remote location from the patient device (106) via radio wireless signal [figs. 1-3, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8].

Regarding claims 2-3, Dampsey discloses the first portable electronic device as Dr. Jim I00A designed to be carried by the clinician or caregiver to receive the notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmitted via radio wireless signal & local area network / LAN (102) [figs. 1-3, col.5, lines 18-38, col.6, line 20 to col.7, line 5, col.7, line 63 to col.8, line 8].

Regarding claims 6-8, Dampsey discloses the notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmitted to at least two portable electronic devices as first unit (Dr. Jim I00A), second unit (100B) designed to be carried by another clinician or caregiver or doctor is live physiological [figs. 1-3, col.4, lines 40-49, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8, col.15, lines 1-4 and abstract] comprising:

- the portable electronic units (100A,100B) having a processing circuit includes processor (400), transceiver (404), video (414), audio (416), display (300), speaker (312), memory (41) for receiving the notification message (302) from the patients (300A) [fig.4, col.9, lines 18-55, col.11, line 60 to col.12, line 10];

- the notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmitted to a first portable electronic device as Dr. Jim I00A designed to be carried by the clinician or caregiver is live physiological [figs. 1-3, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8];
- the notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmitted to a second portable electronic device (100B) designed to be carried by another clinician or caregiver or doctor is live physiological [figs. 1-3, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8];
- the first and second portable electronic devices (100A,100B) are different devices which designed to be carried by clinicians or caregivers or doctors is live physiological in the remote location from the patient device (106) via radio wireless signal [figs. 1-3, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8].

Regarding claims 9-12, Dampsey discloses a method of medical monitoring system having at least two portable electronic devices as first unit (Dr. Jim I00A), second unit (100B) designed to be carried by another clinician or caregiver or doctor to receive live

physiological notification message by radio wireless signal from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time from the patient monitoring device (106) [figs. 1-3, col.4, lines 40-49, col.5, lines 18-38, col.6, lines 20-65, col.7, lines 48-62, col.7, line 63 to col.8, line 8, col.15, lines 1-4 and abstract] comprising:

- the patient monitoring device (106) is attached to patient's name John Doe (300A), in room # 436A (300B) to detect or measure any abnormal condition and provide a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmit or send any abnormal condition to the two portable electronic devices (100A,100B) as programmed [figs. 1-3, col.4, lines 40-49, col.5, lines 18-38, col.6, lines 20-65, col.7, lines 48-62, col.7, line 63 to col.8, line 8];
- the portable electronic units (100A,100B) having a processing circuit includes processor (400), transceiver (404), video (414), audio (416), display (300), keyboard / input device (426), button driver (306), speaker (312), memory (41) for receiving the notification message (302) from the patients (300A) [fig.4, col.9, lines 18-55, col.11, line 60 to col.12, line 10];
- the notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2)

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measurement (300) are being monitored at all time and transmitted to a first portable electronic device as Dr. Jim I00A designed to be carried by the clinician or caregiver is live physiological [figs. 1-3, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8];

- the notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmitted to a second portable electronic device (100B) designed to be carried by another clinician or caregiver or doctor is live physiological [figs. 1-3, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8];

- the first and second portable electronic devices (100A,100B) are different devices which designed to be carried by clinicians or caregivers or doctors is live physiological in the remote location from the patient device (106) via radio wireless signal [figs. 1-3, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8].

Regarding claims 13-14, Dampsey discloses the first portable electronic device as Dr. Jim I00A designed to be carried by the clinician or caregiver to receive the notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmitted via radio wireless signal & local area network /

LAN (102) [figs. 1-3, col.5, lines 18-38, col.6, line 20 to col.7, line 5, col.7, line 63 to col.8, line 8].

Regarding claims 21-27, Dampsey discloses a method of medical monitoring system having at least two portable electronic devices as first unit (Dr. Jim 100A), second unit (100B) designed to be carried by another clinician or caregiver or doctor to receive live physiological notification message by radio wireless signal from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time from the patient monitoring device (106) [figs. 1-3, col.4, lines 40-49, col.5, lines 18-38, col.6, lines 20-65, col.7, lines 48-62, col.7, line 63 to col.8, line 8, col.15, lines 1-4 and abstract] comprising:

- the patient monitoring device (106) is attached to patient's name John Doe (300A), in room # 436A (300B) to detect or measure any abnormal condition and provide a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmit or send any abnormal condition to the two portable electronic devices (100A,100B) as programmed [figs. 1-3, col.4, lines 40-49, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8];
- the portable electronic units (100A,100B) having a processing circuit includes processor (400), transceiver (404), **video (414)**, **audio (416)**, **display (300)**, **keyboard /**

input device (426), button driver (306), speaker (312), memory (41) for receiving the notification message (302) from the patients (300A) [fig.4, col.9, lines 18-55, col.11, line 60 to col.12, line 10];

- the notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmitted to a first portable electronic device as Dr. Jim I00A designed to be carried by the clinician or caregiver is live physiological [figs. 1-3, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8];
- the first and second portable electronic devices (100A,100B) are different devices which designed to be carried by clinicians or caregivers or doctors is live physiological in the remote location from the patient device (106) via radio wireless signal [figs. 1-3, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8].

Regarding claims 29-31, Dampsey discloses a method of medical monitoring system having at least two portable electronic devices as first unit (Dr. Jim I00A), second unit (100B) designed to be carried by another clinician or caregiver or doctor to receive live physiological notification message by radio wireless signal from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time from the patient

monitoring device (106) [figs. 1-3, col.4, lines 40-49, col.5, lines 18-38, col.6, lines 20-65, col.7, lines 48-62, col.7, line 63 to col.8, line 8, col.15, lines 1-4 and abstract] comprising:

- the patient monitoring device (106) is attached to patient's name John Doe (300A), in room # 436A (300B) to detect or measure any abnormal condition and provide a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO₂) measurement (300) are being monitored at all time and transmit or send any abnormal condition to the two portable electronic devices (100A,100B) as programmed [figs. 1-3, col.4, lines 40-49, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8];
- the portable electronic units (100A,100B) having a processing circuit includes processor (400), transceiver (404), **video (414)**, **audio (416)**, **display (300)**, **keyboard / input device (426)**, **button driver (306)**, **speaker (312)**, memory (41) for receiving the notification message (302) from the patients (300A) [fig.4, col.9, lines 18-55, col.11, line 60 to col.12, line 10];
- the notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO₂) measurement (300) are being monitored at all time and transmitted to a first portable electronic device as Dr. Jim 100A designed to be carried by the clinician or caregiver is live physiological [figs. 1-3, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8];

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- the first and second portable electronic devices (100A,100B) are different devices which designed to be carried by clinicians or caregivers or doctors is live physiological in the remote location from the patient device (106) via radio wireless signal [figs. 1-3, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8].

Regarding claims 32 & 34, Dampsey discloses the first portable electronic device as Dr. Jim (100A) and second portable electronic device (100B) designed to be carried by the clinician or caregiver to receive the notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmitted via radio wireless signal & local area network / LAN (102) [figs. 1-3, col.5, lines 18-38, col.6, line 20 to col.7, line 5, col.7, line 63 to col.8, line 8].

Regarding claims 35-37, Dampsey discloses a medical monitoring system includes at least two portable electronic devices as first unit (Dr. Jim 100A), second unit (100B) designed to be carried by another clinician or caregiver or doctor to receive physiological notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmitted to the two portable electronic devices as first unit (Dr. Jim 100A), second unit (100B) designed to be carried

by another clinician or caregiver or doctor is live physiological [figs. 1-3, col.4, lines 40-49, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8, col.15, lines 1-4 and abstract] comprising:

- the portable electronic units (100A,100B) having a processing circuit includes processor (400), transceiver (404), video (414), audio (416), display (300), speaker (312), memory (41) for receiving the notification message (302) from the patients (300A) [fig.4, col.9, lines 18-55, col.11, line 60 to col.12, line 10];
- the notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmitted to a first portable electronic device as Dr. Jim I00A designed to be carried by the clinician or caregiver is live physiological having a first radio frequency wireless signal & local area network / LAN (102) [figs. 1-3, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8];
- the notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmitted to a second portable electronic device (100B) designed to be carried by another clinician or caregiver or doctor is live physiological a second radio frequency wireless signal & local area

network / LAN (102) [figs. 1-3, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8];

- the first and second portable electronic devices (100A,100B) are different devices' / different frequency signals which designed to be carried by clinicians or caregivers or doctors is live physiological in the remote location from the patient device (106) via radio wireless signals [figs. 1-3, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8].

Regarding claims 39 & 41-42, Dampsey discloses a medical monitoring system includes at least two portable electronic devices as first unit (Dr. Jim 100A), second unit (100B) designed to be carried by another clinician or caregiver or doctor to receive physiological notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO₂) measurement (300) are being monitored at all time and transmitted to the two portable electronic devices as first unit (Dr. Jim 100A), second unit (100B) designed to be carried by another clinician or caregiver or doctor is live physiological [figs. 1-3, col.4, lines 40-49, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8, col.15, lines 1-4 and abstract] comprising:

- the portable electronic units (100A,100B) having a processing circuit includes processor (400), transceiver (404), video (414), audio (416), display (300), speaker

(312), memory (41) for receiving the notification message (302) from the patients (300A) [fig.4, col.9, lines 18-55, col.11, line 60 to col.12, line 10];

- the notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmitted to a first portable electronic device as Dr. Jim I00A designed to be carried by the clinician or caregiver is live physiological having a first radio frequency wireless signal & local area network / LAN (102) [figs. 1-3, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8];

- the notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmitted to a second portable electronic device (100B) designed to be carried by another clinician or caregiver or doctor is live physiological a second radio frequency wireless signal & local area network / LAN (102) [figs. 1-3, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8];

- the first and second portable electronic devices (100A,100B) are different devices / different frequency signals which designed to be carried by clinicians or caregivers or doctors is live physiological in the remote location from the patient device (106) via radio

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wireless signals [figs. 1-3, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8].

Regarding claims 43-45, Dampsey discloses a method of medical monitoring system having at least two portable electronic devices as first unit (Dr. Jim 100A), second unit (100B) designed to be carried by another clinician or caregiver or doctor to receive live physiological notification message by radio wireless signal from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time from the patient monitoring device (106) [figs. 1-3, col.4, lines 40-49, col.5, lines 18-38, col.6, lines 20-65, col.7, lines 48-62, col.7, line 63 to col.8, line 8, col.15, lines 1-4 and abstract]

comprising:

- the patient monitoring device (106) is attached to patient's name John Doe (300A), in room # 436A (300B) to detect or measure any abnormal condition and **provide a real time ECG waveform (302)**, a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmit or send any abnormal condition to the two portable electronic devices (100A,100B) as programmed [figs. 1-3, col.4, lines 40-49, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8];
- the portable electronic units (100A,100B) having a processing circuit includes processor (400), transceiver (404), **video (414)**, **audio (416)**, **display (300)**, **keyboard /**

input device (426), button driver (306), speaker (312), memory (41) for receiving the notification message (302) from the patients (300A) [fig.4, col.9, lines 18-55, col.11, line 60 to col.12, line 10];

- the notification message from patient's name John Doe (300A), in room # 436A (300B) as a **real time ECG waveform (302)**, a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmitted to a first portable electronic device as Dr. Jim I00A designed to be carried by the clinician or caregiver is live physiological [figs. 1-3, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8];

- the first and second portable electronic devices (100A,100B) are different devices / different frequency signals which designed to be carried by clinicians or caregivers or doctors is live physiological in the remote location from the patient device (106) via radio wireless signals [figs. 1-3, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8];

- the first portable electronic device as Dr. Jim (I00A) and second portable electronic device (100B) designed to be carried by the clinician or caregiver to receive the notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmitted via radio wireless signal & local area

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network / LAN (102) [figs. 1-3, col.5, lines 18-38, col.6, line 20 to col.7, line 5, col.7, line 63 to col.8, line 8].

Claim Rejections - 35 USC § 103

3. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

4. Claims 17, 20, 28 & 40 are rejected under 35 U.S.C. 103(a) as being unpatentable over Dempsey et al. (U.S. 6,057,758).

Regarding claim 17, Dampsey discloses at least two portable electronic devices as first unit (Dr. Jim 100A), second unit (100B) designed to be carried by another clinician or caregiver or doctor to receive live physiological notification message by radio wireless signal from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time from the patient monitoring device (106) [figs. 1-3, col.4, lines 40-49, col.5, lines 18-38, col.6, lines 20- 65, col.7, lines 48-62, col.7, line 63 to col.8, line 8, col.15, lines 1-4 and abstract] without mention third wireless data transfer as claimed by the applicant.

However, those skilled in the art may recognize that the reference of Dempsey can be modified to transmit signal to third or fourth of device is an obvious design choice of the skilled artisan.

Therefore, it would have been obvious to one having ordinary skill in the art to have the system of Dempsey to transmit or transfer data to at least three handheld terminal / portable devices by wireless signal as monitoring physiological condition of the patients.

Regarding claims 20, 28 & 40, Dempsey does not specifically mention the portable electronic device has a volume of less than 30 cubic inches as claimed by the applicant.

However, Dempsey teaches the first portable electronic device (100A) or the second portable electronic device (100B) can be six inches tall, four inches wide and one-half inch deep [figs. 1-3, col.1.7, lines 20-33].

Those skilled in the art may recognize that the portable electronic device can be any form or shape or volume, because it is an obvious design choice of the skilled artisan.

5. Claims 4-5, 15-16, 18-19, 33 & 38 are rejected under 35 U.S.C. 103(a) as being unpatentable over Dempsey et al. (U.S. 6,057,758) in view of Quy (U.S. 6,602,191).

Regarding claim 4, The reference of Dempsey does not specifically mention the wireless signal includes an IEEE 802.11 protocol as claimed by the applicant.

However, Dampsey discloses the first portable electronic device as Dr. Jim I00A designed to be carried by the clinician or caregiver to receive the notification message from patient's name John Doe (300A), in room # 436A (3O0B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmitted via radio wireless signal & local area network / LAN (102) [figs. 1-3, col.5, lines 18-38, col.6, line 20 to col.7, line 5, col.7, line 63 to col.8, line 8].

Furthermore, Quy teaches health monitoring persons (24) by wireless signal (10) which includes Bluetooth or 802.11 application for communications [figs.3-4, col.7, lines 8-15]

Therefore, it would have been obvious to one having ordinary skill in the art to employ the teaching of Quy in the system of Dempsey to provide short range wireless communication as desired.

Regarding claim 5, Dampsey discloses the first portable electronic device as Dr. Jim I00A designed to be carried by the clinician or caregiver to receive the notification message from patient's name John Doe (300A), in room # 436A (3O0B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being

monitored at all time and transmitted via radio wireless signal & local area network / LAN (102) [figs. 1-3, col.5, lines 18-38, col.6, line 20 to col.7, line 5, col.7, line 63 to col.8, line 8].

Regarding claims 15 & 19, The reference of Dempsey does not specifically mention the wireless signal includes an IEEE 802.11 protocol as claimed by the applicant.

However, Dampsey discloses the first portable electronic device as Dr. Jim I00A designed to be carried by the clinician or caregiver to receive the notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmitted via radio wireless signal & local area network / LAN (102) [figs. 1-3, col.5, lines 18-38, col.6, line 20 to col.7, line 5, col.7, line 63 to col.8, line 8].

Furthermore, Quy teaches health monitoring persons (24) by wireless signal (10) which includes Bluetooth or 802.11 application for communications [figs.3-4, col.7, lines 8-15]

Therefore, it would have been obvious to one having ordinary skill in the art to employ the teaching of Quy in the system of Dempsey to provide short range wireless communication as desired.

Regarding claims 16 & 18, Dampsey discloses the first portable electronic device as Dr. Jim I00A designed to be carried by the clinician or caregiver to receive the notification message from patient's name John Doe (300A), in room # 436A (3O0B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmitted via radio wireless signal & local area network / LAN (102) [figs. 1-3, col.5, lines 18-38, col.6, line 20 to col.7, line 5, col.7, line 63 to col.8, line 8].

Regarding claims 33 & 38, The reference of Dempsey does not specifically mention the wireless signal includes an IEEE 802.11 protocol as claimed by the applicant.

However, Dampsey discloses the first portable electronic device as Dr. Jim I00A designed to be carried by the clinician or caregiver to receive the notification message from patient's name John Doe (300A), in room # 436A (3O0B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmitted via radio wireless signal & local area network / LAN (102) [figs. 1-3, col.5, lines 18-38, col.6, line 20 to col.7, line 5, col.7, line 63 to col.8, line 8].

Furthermore, Quy teaches health monitoring persons (24) by wireless signal (10) which includes Bluetooth or 802.11 application for communications [figs.3-4, col.7, lines 8-15].

Therefore, it would have been obvious to one having ordinary skill in the art to utilize the teaching of Quy in the system of Dempsey to provide short range wireless communication as desired.

Conclusion

6. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

- Phipps (U.S. 6,579,231).
- Russ (U.S. 6,749566).
- Pearce Patent Application Publication U.S. 2002/0183976.

7. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Hung T. Nguyen whose telephone number is (571) 272-2982. The examiner can normally be reached on Monday to Friday from 9:00 am to 6:30 pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Horabik, Michael can be reached on (571) 272-3068. The fax phone number for this Group is (571) 273-8300.

Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the Group receptionist whose telephone number is (703) 305-4700.

HUNG NGUYEN
PRIMARY EXAMINER



Examiner: Hung T. Nguyen

Date: June 5, 2006